

*** FOR CANDIDATES ONLY ***



CANDIDATE	YES	NO	FOR OFFICE IN	CITY	COUNTY	STATE
(Year)	If you are a candidate, complete this section and see last page of instructions. If you are not a candidate, check "no" and continue.					

STATEMENT OF ECONOMIC INTERESTS

FOR 2007 CALENDAR YEAR - TO BE FILED NO LATER THAN APRIL 30, 2008.

Alabama Ethics Commission

(This same form is completed by over 30,000 persons. If sections of this form do not apply to you personally, indicate this by marking "N.A." and proceed to the next section.)

Street Address

100 North Union Street, Suite 104
(RSA Union Building)
Montgomery, Alabama 36104

Mailing Address

P. O. Box 302300

Montgomery, AL 36130-2300

334-242-2997

PLEASE READ INSTRUCTIONS BEFORE ATTEMPTING TO COMPLETE FORM.

01. Full Name, Home Address, and Telephone Number(s) of Filing Person:

(Last) (First) (Middle) (Nickname)

(Street) (Route) (P.O. Box) (City) (Zip) (County) (Home & Business Phones)

IF name changed within past year, please indicate former name:

NAME: _____

(Last) (First) (Middle)

PLEASE FILL IN THE BLANKS OR CIRCLE THE CORRECT WORD(S) OR NUMBER(S) AS APPROPRIATE

02. **Last year**, I was an (elected official) (appointed official) (employee) with the (Municipality) (County) (State) and the name and address of my (department)(office)(agency)(board)(college)(county)(municipality)(commission) was _____

02.1 As an elected/appointed official/employee **last year**, my job title/position was _____

02.2 **Last year**, the name(s) of the (State) (County) (Municipal) Board(s), Commission(s), Committee(s), Authority(ies), Council(s), etc. of which I was a Member was(were) _____

02.3 **Last year** in the above public position(s) in 02. thru 02.2 I earned: (\$0-\$1,000) (\$1,000-\$10,000) (More than \$10,000).

03. I am a **candidate** for the (State) (County) or (Municipal) Office of _____.

04. Other than my public position(s) in 02. thru 02.2, my and/or my spouse's occupation(s) or business(es) ***last year to which 1/3 or more of working time*** was spent (including self-employment) was (were) _____
-
- 04.1 The name and address of my employer, listed in 04. above, ***last year*** was _____
- 04.2 I was self-employed last year and the name and address of my business ***last year*** was _____
-
- 04.3 Information on Family Members: SPOUSE'S Name, address, and business or employer _____
- DEPENDENT CHILDREN Name, address, and any employment _____
-
- Names Only of LIVING ADULT CHILDREN _____
-
- Names Only of LIVING PARENTS _____
-
- Names Only of LIVING SISTERS/BROTHERS _____
-
- Names Only of LIVING PARENTS OF SPOUSE _____
-
05. ***Last year***, from the occupations or businesses listed in 04., I, my spouse and dependents earned an aggregate of:
(\$0-\$1,000) (\$1,000-\$10,000) (More than \$10,000).
- 05.1. ***Last year***, (I) (My spouse) (dependents) owned 5% or more of the stock in the firm(s) listed in (04.1, 04.2)
-
- 05.2 ***Last year***, (I) (My spouse) was a consultant and earned more than \$1,000 from each firm listed in (04.1, 04.2)
-
- 05.3 ***Last year***, (I) (My spouse) served as an (Officer) (Director) (Trustee) of the firm(s) listed in (04.1, 04.2)
-

06. OTHER INCOME INFORMATION ON YOU, YOUR SPOUSE AND DEPENDENT CHILDREN							
List total combined household income, in addition to what is listed in 02.3 thru 05., the names of each business income is derived from, and the income from each business.	Write in type of Income Received: Salaries, Fees, Dividends, Profits, Commissions, Other Compensation (including interest on bank accounts)	Check Appropriate Box					
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$50,000	\$50,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000
06.1							
06.2							
06.3							
06.4 Last year did you earn more than \$5,000 as an: Officer Director Trustee Consultant (Circle the applicable one and explain, if necessary.)							
06.5 Last year did you earn more than \$1,000 but less than \$5,000 as an: Officer Director Trustee Consultant (Circle the applicable one and explain, if necessary.)							
06.6 Last year, did YOU, YOUR SPOUSE or DEPENDENTS serve as: Officer Director Trustee Consultant (Circle the applicable one and explain, if necessary.)							
06.7 Name any business or subsidiary thereof in which you, your spouse, or dependents, jointly or severally, owned 5% or more of the stock or in which you, your spouse or dependents served as an officer, director, trustee, or consultant where the service provides income of at least \$1,000 and less than \$5,000; or at least \$5,000 or more for the reporting period.							

07. REAL ESTATE HOLDINGS (Exclude your Homestead) (TO BE COMPLETED ONLY BY ELECTED OFFICIALS, APPOINTED OFFICIALS or CANDIDATES for State, County or Municipal Offices.)

07.1 Did YOU, YOUR SPOUSE or DEPENDENTS own real estate for investment or revenue production last year?

_____ No _____ Yes

**If yes, list each piece of real estate wherever situated separately below and provide the requested information.
(CHECK APPROPRIATE BOXES and ADD ADDITIONAL SHEETS AS NECESSARY.)**

Location of Real Estate (City, County and State)	What is the fair market value?					What is the annual gross rent or lease income?		
	Less than \$50,000	\$50,000 - 100,000	\$100,000 - 150,000	\$150,000 - 250,000	More than \$250,000	Less than \$10,000	\$10,000 but less than \$50,000	\$50,000 or more

07.2 Did YOU, YOUR SPOUSE OR DEPENDENTS or A BUSINESS WITH WHICH YOU ARE ASSOCIATED receive any rent or lease income from any governmental agency in Alabama last year?

_____ No _____ Yes

If yes, specific details of the lease or rent agreement shall be filed with the Ethics Commission.

08. INDEBTEDNESS INFORMATION: Report debts owed to all businesses operating in Alabama*as of December 31, 2007, EXCEPT indebtedness associated with the (homestead) home in which you live. Include debts of YOUR SPOUSE and DEPENDENT CHILDREN. (*Doing business in Alabama, regardless of where their home office is located or where you mail your payment.)

State quantity – it is not necessary to include name of cards, only quantity and amount. Check appropriate boxes below.

TYPE	How <u>many</u> do you OWE?	How much do you OWE? (Check box that relates to the combined total in each category)					
		Less than \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000- \$250,000	More than \$250,000
08.01 Banks (include Credit Cards)							
08.02 Credit Unions and Savings and Loan Associations (include Credit Cards)							
08.03 Insurance Companies							
08.04 Mortgage Firms							
08.05 Stockbrokers or Bond Firms							
08.06 Individuals or other business(es) (include store cards)							

09. PROFESSIONAL OR CONSULTING SERVICES (To be completed if YOU or YOUR SPOUSE received income last year in return for professional or consulting activities, i.e. legal, accounting, medical or health-related, real estate, banking, insurance, educational, farming, engineering, architectural management, or other professional services or consultations, etc. State the number of clients and check appropriate boxes.)

☐ Check if no income was received for Professional or Consulting Services for the categories of Clients shown below.

Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income		
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
09.01 Utilities												
Electric												
Gas												
Telephone												
Water												
Cable Television Companies												
09.02 Transportation												
Intrastate Companies												
Pipeline Companies												

Categories of Clients	Number of Clients	Annual Gross Income During Reporting Year								Anticipated Annual Retainer Income		
		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
Oil Exploration												
Gas Exploration												
Oil and Gas Retailers												
09.03 Finance and Insurance												
Banks												
Savings & Loan Associations												
Loan and/or Finance Companies												
Manufacturing Firms												
Mining Companies												
Life Insurance Companies												
Casualty Insurance Companies												
Other Insurance Companies												

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		Less than \$1,000	\$1,000 - \$10,000	\$10,000 - \$25,000	\$25,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$150,000	\$150,000 - \$250,000	More than \$250,000	Less than \$1,000	\$1,000 - \$5,000	More than \$5,000
Retail Companies												
Beer Companies												
Wine Companies												
Liquor Companies												
Beverage Distributors												
09.4 Associations												
Trade												
Professional												
Governmental												
Public Employee												
Public Official												
09.5 Government												
State												
County												
Municipal												
Other Government Corp. Or Authorities												
09.6 Miscellaneous												

10. DECLARATION OF REPORTING PERSON

I have read and completed this Statement of Economic Interests, Form ASEC-1(Revised), and do swear (or affirm) that the information contained in said Statement of Economic Interests is true and correct. I fully understand that anyone who violates the disclosure provision of this Act shall be subject to a fine of \$10.00 a day not to exceed \$1,000 annually. I also understand that any attachments that I place with this form become a part of this public record.

SIGNED _____ Date _____
(Signature of Reporting Person)

PLEASE PRINT/TYPE NAME OF PERSON SIGNING FORM _____

*(Please do not mail the instructions with your form as they may increase your postage
and should be destroyed or retained with your copy of your form.)*

RETURN COMPLETED ORIGINAL SIGNED FORM TO:
Alabama Ethics Commission

STREET ADDRESS
RSA Union, Suite 104
100 North Union Street
Montgomery, AL 36104



MAILING ADDRESS
P.O. Box 302300
Montgomery, AL 36130-2300

NOTE: Please ensure that you have completed all blanks that pertain to you or use N/A where they do not. Please complete and RETURN THE ORIGINAL FORM to the above address and keep a copy for your records. A handling fee of 50¢ per page will be charged for all requested copies of forms. See your local post office for current postage rates – the state does not pay postage for individuals. Thank you for your compliance with Alabama's Ethics Law.